

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH		County <u>Macon</u> State <u>Ariz.</u>		State File No. <u>143</u>	
District or Township <u>Mesa</u> or Village <u>Mesa</u>		City <u>Mesa</u> No. <u>283</u>		Registered No. <u>283</u>	
2. FULL NAME <u>Jesse Thornton</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number).		Ward <u>110</u>	
(a) Residence No. <u>1212</u> (Usual place of abode) <u>1212 East of Mesa</u>		Length of residence in city or town where death occurred yrs. mos. ds.		How long in U. S. if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Emmie P. Thornton</u>					
6. DATE OF BIRTH (month, day and year) <u>Feb 4, 1907</u>					
7. AGE	Years <u>21</u>	Months <u>6</u>	Days <u>3</u>	IF LESS than 1 day hrs. or min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House Wife</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer					
9. BIRTHPLACE (city or town) <u>Cedar Bluffs Ark</u> (State or country)					
10. NAME OF FATHER <u>Caleb Ault</u>					
11. BIRTHPLACE OF FATHER <u>Point Cedar Ark</u> (city or town) (State or country)					
12. MAIDEN NAME OF MOTHER <u>Melinda E. Elder</u>					
13. BIRTHPLACE OF MOTHER <u>Cedar Bluffs Ark</u> (city or town) (State or country)					
14. Informant <u>Emmie P. Thornton</u> (Address) <u>Mesa Ariz.</u>					
15. Filled <u>Aug 7, 1928</u> <u>Dr. J. W. Brown</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH (month, day, and year) <u>Aug 7, 1928</u>					
17. I HEREBY CERTIFY, That I attended deceased from <u>Aug 4, 1928</u> to <u>Aug 7, 1928</u> , that I last saw her alive on <u>Aug 7, 1928</u> and that death occurred, on the date stated above, at <u>11:10 A.M.</u> The CAUSE OF DEATH* was as follows: <u>Purpura Cerebralis</u>					
(duration) yrs. <u>27</u> mos. <u>hours</u> ds.					
CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.					
18. Where was disease contracted If not at place of death? Did an operation precede death? Date of Was there an autopsy? What test confirmed diagnosis? (Signed) <u>Dr. J. W. Brown</u> M. D. <u>Aug 10, 1928</u> (Address) <u>Mesa Ariz.</u>					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Mesa Cemetery</u> DATE OF BURIAL <u>Aug 9-28</u>					
20. UNDERTAKER <u>M. L. Gibbons</u> ADDRESS <u>Mesa Ariz.</u>					